

10/656133

INDEX OF CLAIMS

BEST AVAILABLE COPY

Claim		Date				
Final	Original					
1	1					
2	2					
3	3					
4	4					
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SYMBOLS

✓ Rejected

• Allowed

(Through numeral) Canceled

N Restricted

I Non-elected

A Interference

O Appeal

O Objected

Claim		Date				
Final	Original					
51	51					
52	52					
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10/656,133

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 1066133	FILED DATE 09-08-05				
							CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	
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TOTAL DEP.	37	37	24									
TOTAL CLASSES	41	40	26									